

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-040105

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No.

148

Primary Registration District No.

1002

Registrar's No.

5645

STATE FILE NUMBER

FILED NOV 1 1963

1. PLACE OF DEATH

a. COUNTY

JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN KANSAS CITY

Length of stay in 1b

32 yrs

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

WHEATLEY HOSPT.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission)

a. STATE MISSOURI

b. COUNTY

JACKSON

c. CITY
OR TOWN

KANSAS CITY

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

3221 E. 32nd St.

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First JACOB

Middle C.

Last REAGAN

4. DATE OF DEATH

Month 10-17-63

Day

Year

5. SEX

Male

6. COLOR OR RACE

Negro

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

3-1-1890

9. AGE (last birthday)

73 yrs

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Marline, Texas

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Square Reagan

13b. MOTHER'S MAIDEN NAME

Clara Lee

14. NAME OF HUSBAND OR WIFE

Jessie Reagan

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Jessie Reagan 3221 E. 32nd St. Wife

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

DUE TO (b)

DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

Cerebral thrombi
Generalized arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

3 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

April 3, 63

to 17 Feb 63

and last saw him alive on

3 April 63

Death occurred at

1157A

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

10-22-63

23c. NAME OF CEMETERY OR CREMATORY

Lincoln

23d. LOCATION (City, town, or county)

Kansas City, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Watkins Bros. Funeral Home 18th & Benton

25. DATE RECD. BY LOCAL REG.

10-18-63

26. REGISTRAR'S SIGNATURE

Bessie Smith

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION
BY AFFIDAVIT OF John H. Wells

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 41500

P. O. Address 18th & Benton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.